



Direct Deposit Authorization Agreement

I hereby authorize Everett Public Schools to deposit my net pay each month to my account(s) and in the financial institution(s) indicated below:

1.) NAME OF FINANCIAL INSTITUTION:		
TYPE OF BANK ACCOUNT:	CHECKING	SAVINGS
ACCOUNT NUMBER:		
AMOUNT OF NET PAY TO BE DEPOSITED:	_____(%)* PERCENTAGE or \$_____	
2.) NAME OF FINANCIAL INSTITUTION:		
TYPE OF BANK ACCOUNT:	CHECKING	SAVINGS
ACCOUNT NUMBER:		
AMOUNT OF NET PAY TO BE DEPOSITED:	_____(%)* PERCENTAGE or \$_____	
3.) NAME OF FINANCIAL INSTITUTION:		
TYPE OF BANK ACCOUNT:	CHECKING	SAVINGS
ACCOUNT NUMBER:		
AMOUNT OF NET PAY TO BE DEPOSITED:	_____(%)* PERCENTAGE or \$_____	
4.) NAME OF FINANCIAL INSTITUTION:		
TYPE OF BANK ACCOUNT:	CHECKING	SAVINGS
ACCOUNT NUMBER:		
AMOUNT OF NET PAY TO BE DEPOSITED:	_____(%)* PERCENTAGE or \$_____	

**Percentage totals must equal 100%*

I hereby agree to hold the Everett Public Schools and its' agents or employees harmless from any liability for failure to properly or timely make the deductions or payments authorized by this document. This authorization shall continue in effect until revoked by me.

NAME: _____

EMPLOYEE ID NUMBER: _____

SIGNATURE: _____

DATE: _____

*Please attach **VOIDED** check(s) so we may verify your account number(s) and bank routing number(s).*